

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013847

STATE FILE NUMBER

39

FILED MAY 11 1959

Registration District No.

162

Primary Registration District No.

5594

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC TOWNSHIP</u>		c. CITY OR TOWN <u>HOUSE SPRINGS</u> <u>RR#2</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOUSE SPRINGS RR</u>		d. STREET ADDRESS <u>MERAMEC TOWNSHIP</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>F.</u> Last <u>KING</u>		4. DATE OF DEATH <u>4-16-59</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 10-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		11. BIRTHPLACE (City and state or country) <u>HOUSE SPRINGS Mo RR#2</u>	
13a. FATHER'S NAME <u>GEO. HEINOLD KING</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>Valentine J King</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>3° Burns 100% of Body.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9160</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>16</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>TRAPPED IN BURNING Residence.</u>	
20c. TIME OF INJURY Hour <u>050</u> a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>MERAMEC</u>	
21. I attended the deceased from <u>CORNER'S VICIN</u> and last saw her alive on <u>4/19/59</u>		22c. DATE SIGNED <u>4/19/59</u>	
22a. SIGNATURE <u>James E. Frederick C. Coover</u>		22b. ADDRESS <u>Fulton, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4/20/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS CEM.</u>		23d. LOCATION (City, town, or county) <u>ROCK CREEK Mo</u>	
24. FUNERAL DIRECTOR <u>Primmer Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>4-21-59</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

power, convulsion, etc. must be fully stated in item 18. No symptoms were listed. All diseases in Part I must be causally related.

MAY 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 1470

P. O. Address Home Spring, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.